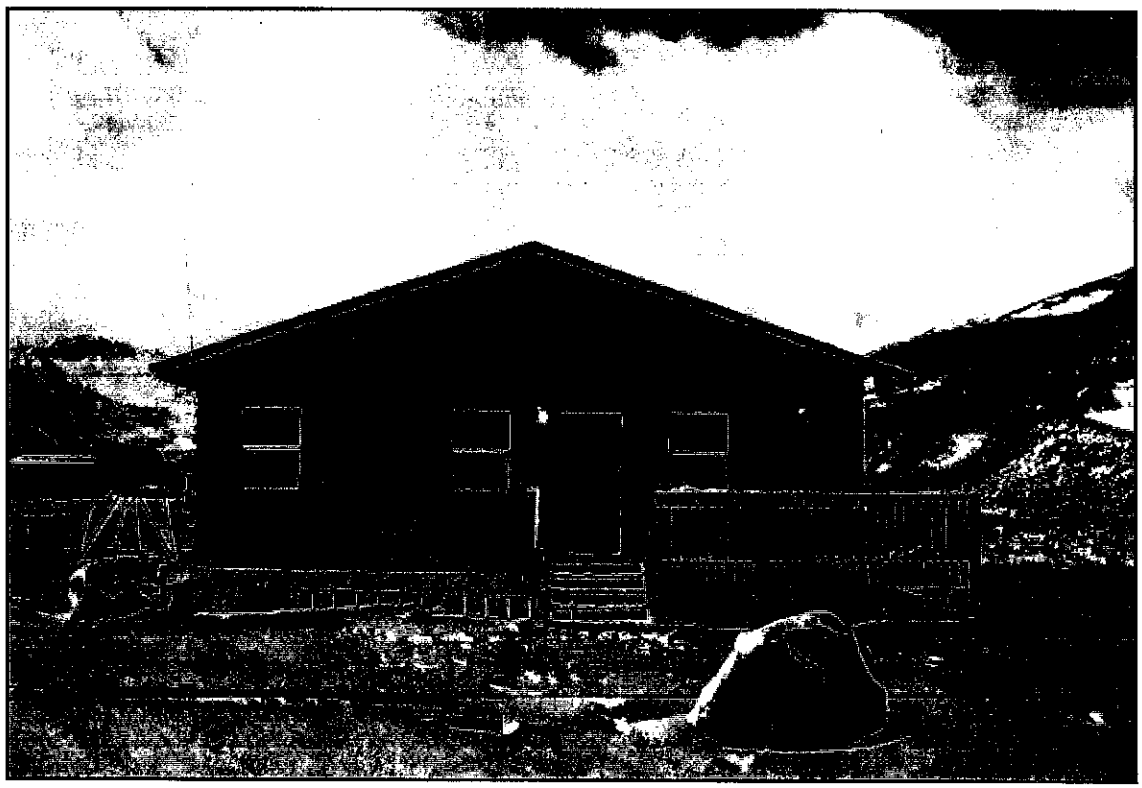
False Pass Health Clinic



Alaska Rural Primary Care Facility

Assessment and Inventory Report

Final

November 2, 2001

Eastern Aleutian Tribes

Table of Contents

I. EXECUTIVE SUMMARY

A. OVERVIEW

The False Pass Clinic has approximately 1,280 square feet (SF) of space owned by the Village Council and operated by Eastern Aleutian Tribes and the Aleutians East Borough. The building was built between 2000 and 2001, and occupied in May of 2001. As-builts for the existing clinic were provided to the inspection team to facilitate the review. In addition to existing plans, the team was provided with plans for a future " Public Safety" building to be added-on to the existing clinic. The future public safety building will house space for training rooms, office space, restrooms, laundry facility, storage and ambulance/fire truck garage.

The total building is a 40' x 32,' one story structure used solely for clinic purposes. The existing clinic is of reasonable size with respect to minimum ARPCF program guidelines.

B. RENOVATION/UPGRADE AND ADDITION

Deficiency comments are relatively minor as delineated in the facilities deficiency listing. The facility is relatively new and serves the community quite well. With the planned addition of a Public Safety Building, to be connected to the clinic facility, there is opportunity to modify the planned addition to incorporate existing clinic space deficiencies (arctic entry and sleeping room).

C. NEW CLINIC

Based on the Denali Commission's Standard of Evaluation the remodel/addition cost are far less than 75% of the cost to construct a new facility.

II. GENERAL INFORMATION

A. Purpose of Report and Assessment Process

ANTHC has entered into a cooperative agreement with the Denali Commission to provide for the management of the small clinic program under Alaska Rural Primary Care Facility (ARPCF) guidelines, assessment, planning, design and construction. Over 200 clinics will be inspected through the course of the program. The purpose of the Code and Condition survey report is to validate the data provided by the community in the Alaska Rural Primary Care Facility Needs Assessment. Providing each community with a uniform standard of evaluation for comparison with other communities to determine the relative need between for funding assistance for the construction of new or remodeled clinic facilities. The information provided in this report is a component of the scoring for the small clinic RFP the Denali Commission will send to communities in priority groups three and four. The information gathered will be tabulated and analyzed according to a set of fixed criteria that should yield a priority list for funding. Additionally, the relative cost of new construction vs. remodel/addition will be evaluated to determine the most efficient means to bring rural clinics to a uniform standard of program and construction quality.

A team of professional Architects and Engineers traveled to the site and completed a detailed Field Report that was reviewed by all parties. Subsequently, the team completed a draft and then final report of the facility condition.

B. Assessment Team

The survey was conducted on November 2, 2001 by Wallace Swanson, Architect of Larsen Consulting Group, Inc.; Ralph DeStefano, PE of RSA Engineering, Inc.; and Kelly Leseman, PE of ANTHC. Accompanying the field inspection team was John Nichols, Mayor of False Pass and Terry Murphy, Community Health Aide. Kelly Leseman made introductions and conducted village briefings to ensure complete understanding of the inspection process. Terry Murphy was very familiar with the village and knew village contact personally. He stayed with the inspection team throughout the day and helped with all aspects of the inspection. Preparation of the information gathered was a cumulative effort between the members of the field team, Holly Kelty, LCG's Project Coordinator and Estimations, Inc.

C. Report Format

The format adopted is a modified "Deep Look" format, a facilities investigation and condition report used by both ANTHC and the Public Health Service, in maintaining an ongoing database of facilities throughout the country. Facilities are evaluated with respect to the requirements of the governing building codes and design guidelines. Building code compliance, general facility condition and program needs have been evaluated. The written report includes a floor plan of the clinic, site plan as available and new plans for renovation/upgrade or new clinics. Additional information was gathered during the field visit including a detailed Field Report and building condition checklist, sketches of building construction details, investigations of potential sites for new or replacement clinics and proposed plans for village utility upgrades. This information is available for viewing at ANTHC's Anchorage office and will be held for reference.

D. SITE INVESTIGATION

On November 2, 2001, the team flew to the site made observations, took photos, and discussed needs with on-site facility personnel. The team was able to start early in the morning, having arrived the night before. Approximately six hours were spent on site allowing sufficient time to investigate the foundation, structure, condition, mechanical and electrical systems, and interview staff to assess current and projected health care needs.

Interviews were conducted with John Nichols, Mayor of False Pass and Terry Murphy, Community Health Aide. The city provided information on the existing building, site, and utilities. These interviews and background data provide for a clear understanding of village, facility and client needs with respect to the clinic.

III. CLINIC INSPECTION SUMMARY

A. COMMUNITY INFORMATION

Population:

- 64 (2000 Census)
- 2nd class City, Aleutians East Borough, Aleutians East School District, Aleut Corporation

Location: False Pass is located on the eastern shore of Unimak Island, on a strait connecting the Pacific Gulf of Alaska to the Bering Sea. It is 646 air miles southwest of Anchorage and lies at approximately 54d 51m N Latitude, 163d 24m W Longitude (Sec. 34, T061S, R094W, Seward Meridian). The community is located in the Aleutian Islands Recording District. The area encompasses 26.9 square miles of land and 41.4 square miles of water.

History: The name False Pass originates from the geography surrounding the area. The Bering Sea side of the strait is extremely shallow and cannot accommodate large vessels, thus the name - False Pass. The area was originally settled by a homesteader in the early 1900's, and grew with the establishment of a cannery in 1917. When the cannery was built, natives immigrated from Morzhovoi, Sanak Island and Ikatan to False Pass. Aside from a shutdown caused by fish depletion during the cold winters of 1973-1976, the cannery has operated continuously. Peter Pan Seafoods subsequently purchased the cannery. It was destroyed by fire in 1994 and was not rebuilt. The city was incorporated in 1990.

Culture: The community is primarily Unangan. Fishing, fish processing and subsistence activities are the main stays of the lifestyle.

Economy: Commercial salmon fishing and fishing services drive the local economy. False Pass is an important refueling stop for Bristol Bay and Bering Sea fishing fleets. Ten residents hold commercial fishing permits. The Peter Pan Seafoods plant burned down in 1984. The Dipper, a floating processor from Homer began processing salt cod in January 2000, for Norwegian owned Aleutian Quality Seafoods. Cash income is supplemented by subsistence hunting and fishing. Salmon, halibut, geese, caribou, seals and wild cattle on Sanak Island are also utilized as a food resource.

Facilities: Water is derived from a nearby spring and reservoir, treated and stored in a 60,000-gallon tank. Most homes are connected to the piped water system. Nearly 80% of homes are fully plumbed. Many residents have individual septic tanks; wastewater from Peter Pan Seafoods flows directly into an outfall line. The City collects refuse twice a week. There are no recycling programs available. Water system improvements and a new landfill are needed.

Transportation: Boats and aircraft provide for the only means of transportation into False Pass. A State-owned 2,100' gravel airstrip and a seaplane base are available. Mail and passenger flights arrive three times weekly. There is no boat harbor, but new dock facilities and a boat ramp were recently completed. A boat haul-out and storage facility is under construction. Cargo barges are available from Seattle. The State Ferry operates bi-monthly from Kodiak between May and October.

Climate: False Pass lies in the maritime climate zone. Temperature ranges from 11 to 55 degrees Fahrenheit. Snowfall averages 56 inches, with total annual precipitation of 33 inches. Prevailing southeast winds are constant and often strong during winter. Fog is common during summer months.

B. General Clinic Information

1) Physical Plant Information

The False Pass Clinic has approximately 1,280 SF of space and is owned by the Aleutians East Borough. The building was built between late 2000 and early 2001 and occupied in May of 2001. The simple wood frame construction on a post and pad foundation is in excellent condition being recently constructed. Buried piped water and pressurized sewer systems are provided by the city. (See Site Drawing C-1)

The front entry to the clinic opens to a small waiting area with four chairs. The front entry is the primary entrance for walk-in patients, and lacks an arctic vestibule. A secondary entrance to the rear of the facility is used as a receiving area for patients arriving via ambulance. Ambulance delivery services function quite well, benefited by an ambulance landing, double door entry, proximity to the trauma room and adequate maneuvering space. Immediately off the waiting room is the mental health program office, with separate private entrance, and administration office. A hallway down the long axis of the building, connecting the front waiting room with the rear trauma entrance, serves the exam room, accessible restroom, pharmacy/lab, janitor/laundry, storage, mechanical room and trauma room.

2) Clinic Program Usage Information

Patient records indicate that the clinic saw an average of 23 patients per month in 2001, 38 patients per month in 2000, and 26 patients per month in 1999. There was a 46% increase in patient encounters from 1999 to 2000. There was a 39% decrease in patient encounters from 2000 to 2001, with a net decrease of 11% in patient encounters over the past three years. Medical services are provided by two full-time CHAs. Itinerant care services are delivered through quarterly visits from a Certified Nurse Practitioner and Doctor who visit bi-yearly. Both workers stay for three days per trip.

3) Community Program Sheet

Attached at the end of this section is the Community Program Sheet completed by the City of False Pass.

PROGRAM

Community FALSE PASS **Unique ID #** _____

Organization EATS Contact: Terry Murphy: Health Aid

P1.0 Services

The your program provides these services and functions. A "YES" answer implies that these services are services listed in questions P1.1 – P1.41 and P4.1 – P4.7 may be considered components of comprehensive primary care. These services may be provided by a variety of health care providers, including Community Health Aides / Practitioners, Nurse Practitioners, Physician Assistants, Physicians, etc. Please indicate whether provided on a regular basis by full or part time local staff. If you answered "NO" or "Itinerant Basis Only" please indicate why by checking one or more boxes to the right, and then indicate if any of the services should be provided on a regular basis to meet local program and/or community goals.

	Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
	Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Basic Primary Care Services Related To												
P1.3 Substance Abuse Diagnosis		X										
P1.4 Substance Abuse Treatment		X										
P1.5 Mental Health Diagnosis		X										
P1.6 (1) Mental Health Treatment	X											
P1.13 Preventive Dental Services	X											
P1.14 (2) Dental Treatment Services		X										

(1) Village Based Counselor
(2) Once Annual Dentist visit.

Note: 1. Are any of the above services provided within the community at a facility other than the existing community clinic? Yes/No
2. If so, what is the facility? _____
3. If possible, provide photos of the facilities and/or rooms being used.
4. Approximate the amount of time per week for these services or indicate if the services are only used on an itinerant basis _____

C. Program Deficiency Narrative

1) Space Requirements and Deficiencies

Space Comparison Matrix
Current False Pass Actual SF to Denali Commission Small Clinic

Alaska Rural Primary Care Facility				Current Clinic			Small Clinic					
Purpose / Activity	Designated Itinerant			Actual Net SF			ARPCF SF			Difference		
	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)
Arctic Entries				0	1	0	50	1	50			-50
Waiting/Recep/Closet	150	1	150	162	1	162	100	1	100			+62
Trauma/Telemed/Exam	200	1	200	196	1	196	200	1	200			-4
Office/Exam				80	1	80	150	1	150			-70
Admin./Records				117	1	117			0			+117
Pharmacy/Lab				98	1	98	80	1	80			+18
Portable X-ray									0			
Specialty Clinic/Health Ed/Conf				117	1	117	150	1	150			-33
Patient Holding/ Sleeping Room					0		80	1	80			-80
Storage	150	1	150	42	1	42	80	1	80			-38
HC Toilet				78	1	78	60	1	60			+18
Janitor's Closet				73		73	30	1	30			+43
Subtotal Net Area			500			963			980			-17
Circulation & Net/Gross Conv. @ 45%						280			441			-161
Subtotal (GSF)						1243			1421			-178
Mechanical Space @ 8%				0	0	37			114			-77
Total Heated Space			**500**			1280			1535			-255
Morgue (unheated enclosed space)			0				30	1	30			30
Ext. Ramps, Stairs, Loading	HC Accessible			As Required			As Required			As Required		

a. Overall Space Deficiencies: The facility is approximately 255 SF short of ARPCF space requirements.

b. Specific Room Deficiencies: There is a specific need for an arctic entrance and patient holding/sleeping room.

c. Other Size Issues: Unheated exterior storage is not available.

2) Building Issues

a. Arctic Entries: The main entry/waiting room lacks an arctic vestibule. The front, rear entrance and trauma room are ADA accessible. The front entry stair has guardrails without handrails. The rear entrance/ambulance entry landing lacks guardrails and handrails.

b. Waiting / Reception: The waiting area contains two chairs and a small sofa. The area is small but meets current needs. Items are stored in the space and in the waiting room closet that should be

removed. A door that separates the waiting room and hallway from the exam, trauma and pharmacy/lab insures privacy.

c. Exam / Trauma: The room is sized adequately. Storage in the room limits the required clear floor area. Storage should be relocated.

d. Exam Room: The exam room is approximately half the recommended program size. Although constricting at times, the space functions appropriately.

e. Office / Administration / Records: The front office is used primarily for the head clinician but also serves as storage for radio equipment, patient records, and weather tracking equipment. Travel arrangements are also made in the front office. The room is small and can only accommodate one person. Additional space is required for printer and computer support equipment currently taking over the closet in the waiting room.

f. Pharmacy / Lab: The lab is a good-sized space and functions appropriately. The lab is locked when not in use. Within the lab is a locked storage room for the pharmacy. The pharmacy door is also locked when not in use.

g. Specialty Clinic / Mental Health Education: This office is accessible from the waiting room, but also has a separate entrance for privacy. The space serves needs adequately.

h. Patient Holding / Sleeping Room: There is no dedicated space for itinerant staff or patient holding. Currently, the trauma room is used when the need exists for overnight patients. The city provides itinerant staff space in a separate building location.

i. Storage: The size of the storage room is adequate. There is however a need for additional shelving to increase space efficiency.

j. HC Toilet Facilities: The single handicapped restroom is of sufficient size to meet the maneuvering requirements for the ADA. In addition, a shower provided in this room also meets the ADA requirements. To fully comply with the ADA the restroom requires grab bars at the toilet, padding around piping at the sink, remount of the paper towel dispenser to appropriate level and provide/install a mirror over the sink. ADA compliant lever hardware should be installed on the door. To improve the ability to clean the restroom, PVC wainscot should be added to all walls.

k. Janitors Room / Laundry: The space is adequate as provided. Additional shelving should be installed to increase the space efficiency.

l. Mechanical / Boiler Room: The mechanical room houses a boiler and hot water heater. The room functions well despite being below minimum space program requirements. Miscellaneous items are stored in this space and should be removed.

3) Functional Design Issues

a. With the exception of requiring the addition of an arctic vestibule at the front entrance and the addition of a patient holding/sleeping room, the facility functions quite well. Although the exam is moderately functional, more space would be a benefit.

4) Health Program Issues

a. Patient Comfort and Privacy: Clinic design accommodates patient privacy. Patient comfort could be improved upon in the waiting area by relocating items currently stored in the space. Relocating computer support equipment currently in the waiting room closet and generally keeping the room tidy would lessen congestion and allow for increased patient comfort.

b. Medical/Infectious Waste: Red bag waste is currently disposed of in a burn barrel outside the clinic. Red bag waste should either flown out or brought to a certified city incinerator.

c. Infection Control: The facility is relatively new. With the exception of installing rubber base material at new casework in the laboratory and trauma room, the building is adequately cleanable.

d. Insect and Rodent Control: None noted.

e. Housekeeping: Janitors clean the facility once per day. General pick-up of temporarily stored items should be encouraged to lesson congestion.

5) Utilities

a. Water Supply: The clinic water is supplied from a village surface water system and piped underground to the building.

b. Sewage Disposal: The clinic has a private septic system and leach field in good condition.

c. Electricity: Electrical power for the village is generated at the village power plant. The electrical power is distributed within the village via a buried electrical distribution system.

d. Telephone: The facility has four phone lines and a wireless telemedicine system.

e. Fuel Oil: See Mechanical Narrative.

D. Architectural / Structural Condition

1) Building Construction

a. Floor Construction: The floor is sheet vinyl flooring, over plywood sheathing, over 9 ½ " TJI's @ 16" O.C.

b. Exterior Wall Construction: The walls are painted T-111 siding over air infiltration barrier, over plywood sheathing, over 2 x 6 construction at 16"o.c., with R-21 fiberglass batt insulation, vapor barrier, and gypsum board.

c. Roof Construction: Exposed fastener metal roof over plywood sheathing, over preformed trusses at 24"o.c. with R-38 batt insulation, vapor retarder and gypsum board.

d. Exterior Doors: The exterior doors are insulated hollow metal and are in good condition.

e. Exterior Windows: Windows are vinyl, thermo-pane, double hung. Performance and operability is good.

f. Exterior Decks, Stairs, and Ramps: Overall decks, stairs and ramps are in good condition and of sound construction. The front entry stairs need handrails. The rear entry ambulance landing and stair requires guardrails, handrails and a safety chain at the deck for when the ambulance is not in use.

2) Interior Construction

a. Flooring: Flooring is of sheet vinyl over plywood in excellent condition.

b. Walls: Walls are of 2' x 4' wood construction with gypsum board finish and are in excellent condition. Sound insulation for all interior walls is called for on the construction documents but was not verified in the field. There does not seem to be a problem with noise or patient privacy.

c. Ceilings: The ceilings are paint over gypsum wallboard and in excellent condition.

d. Interior doors: All interior doors a wood, solid core in excellent condition. All "knob" hardware needs to be replaced with lever-types to comply with ADA.

e. Casework: All casework is new and in excellent condition.

f. Furnishings: All new in good condition.

g. Insulation:

- Floor Insulation — N/A – Heated Crawl Space
- Wall Insulation — R-21
- Attic/Roof Insulation — R-38
- Attic Ventilation — Minimal – Needs gable and ridge vents

h. Tightness of Construction: Excellent.

i. Arctic Design: An arctic vestibule is needed at the front entrance.

3) Structural

a. Foundations: The foundation is of beam and joist over post and pad in are in good condition. The presence of pooling water on the vapor barrier in the crawlspace needs to be corrected.

b. Walls and Roof: The walls and metal roof are in stable and adequate condition.

c. Stairs, Landings, and Ramps: Excellent.

E. Mechanical Condition

1) Heating System

a. Fuel Storage and Distribution: The clinic's heating fuel oil storage tank is located on a steel stand 15 feet from the building. The tank is a 3000-gallon steel U.L. listed single wall storage tank. The tank is in good condition but is does not have the proper valving as required by code.

b. Boiler: A single, residential grade fuel oil boiler provides heat for the clinic. The boiler is in good condition but is missing the code-required low water cut off.

c. Heat Distribution System: Heat distribution consists of copper piping routed through the crawl space connected to residual grade baseboard along the exterior of the facility. The existing facility is all on a single zone. Additionally, two zones have been stubbed into the clinic crawl space.

2) Ventilation System

a. System: There is no mechanical ventilation system for the clinic. The only source of ventilation for the occupied spaces is through operable windows.

b. Exhaust Air: A ceiling mounted exhaust fans serves the bathroom. The exhaust fan is a re-circulating type and does not exhaust air to the outdoors.

3) Plumbing System

a. Water System: The water to the clinic is supplied from a central village water system. A copper piping domestic water system supplies water to the clinic exam sinks and toilet fixtures.

b. Sewer System: The clinic has a private septic system and leach field. The system was recently tested and is in good condition.

c. Fixtures: The exam room, lab and emergency room fixtures are all in good condition. The restroom is equipped with ADA compliant fixtures, including a lavatory, water closet, and shower.

F. ELECTRICAL CONDITION

1) Electrical Service

a. Electrical service is provided from an underground local utility system. The building disconnect is located on the south side of the facility and is in good condition.

b. The service for the clinic is a 200 Amp, 120/240V, 1 Ph, 3 wire.

2) Power Distribution

a. The clinic breaker panel is a 200 Amp panel board with a main disconnect and 30 breakers. Thirteen of the breakers are spare.

b. The branch wiring is routed in the attic, crawl space, and walls using Romex type wiring.

3) Grounding System

a. The building has a grounding conductor routing from the service entrance location into the ground. The water piping system did not appear to be bonded.

4) Exterior Elements

a. The exterior fixtures are installed at exterior doors and on the ADA access ramp. Exterior lights are controlled by a photocell.

b. No exterior power receptacles were installed.

c. Telephone service enters the facility, via an underground service on the south side of the facility.

5) Electrical Devices and Lighting

a. Receptacles are grounding type.

b. Lighting is provided predominately by four ft fluorescent four lamp fixtures, surface mounted to the ceiling.

c. Interior device plates are non-metallic ivory decorative plates.

6) Emergency System

a. Electrical powered illuminated emergency egress signs are installed and are in good condition.

b. Two emergency egress illumination wall packs are installed in the hallway and are in good condition.

7) Fire Alarm System

a. Two battery-powered smoke detectors are installed in the hallway. A carbon monoxide detector is installed on the ceiling near the mechanical room door.

8) Telecommunication

a. The telephone system cable is routed through the attic space. The facility has four phone lines.

b. The facility has a wireless telemedicine system.

c. The facility has high-speed Internet access.

G. Civil / Utility Condition

1) Utilities

a. Water Supply: Clinic water is supplied from a village surface water system. The water is collected from a nearby stream and distributed to the village via a buried piping system. Village water treatment is reportedly inline for an upgrade. Upgrades are currently being designed.

b. Sewage Disposal: The clinic has a private septic system and leach field. The system was recently tested and is in good condition.

c. Electricity: Electrical power for the village is generated at the village power plant. The village has two diesel generators, which reportedly run near capacity during summer months. The electrical power is distributed within the village via a buried electrical distribution system.

d. Telephone: The clinic has four telephone lines. Phone lines are brought to the clinic via buried telephone service lines.

H. Existing Facility Floor Plan (Site Plan if Available):

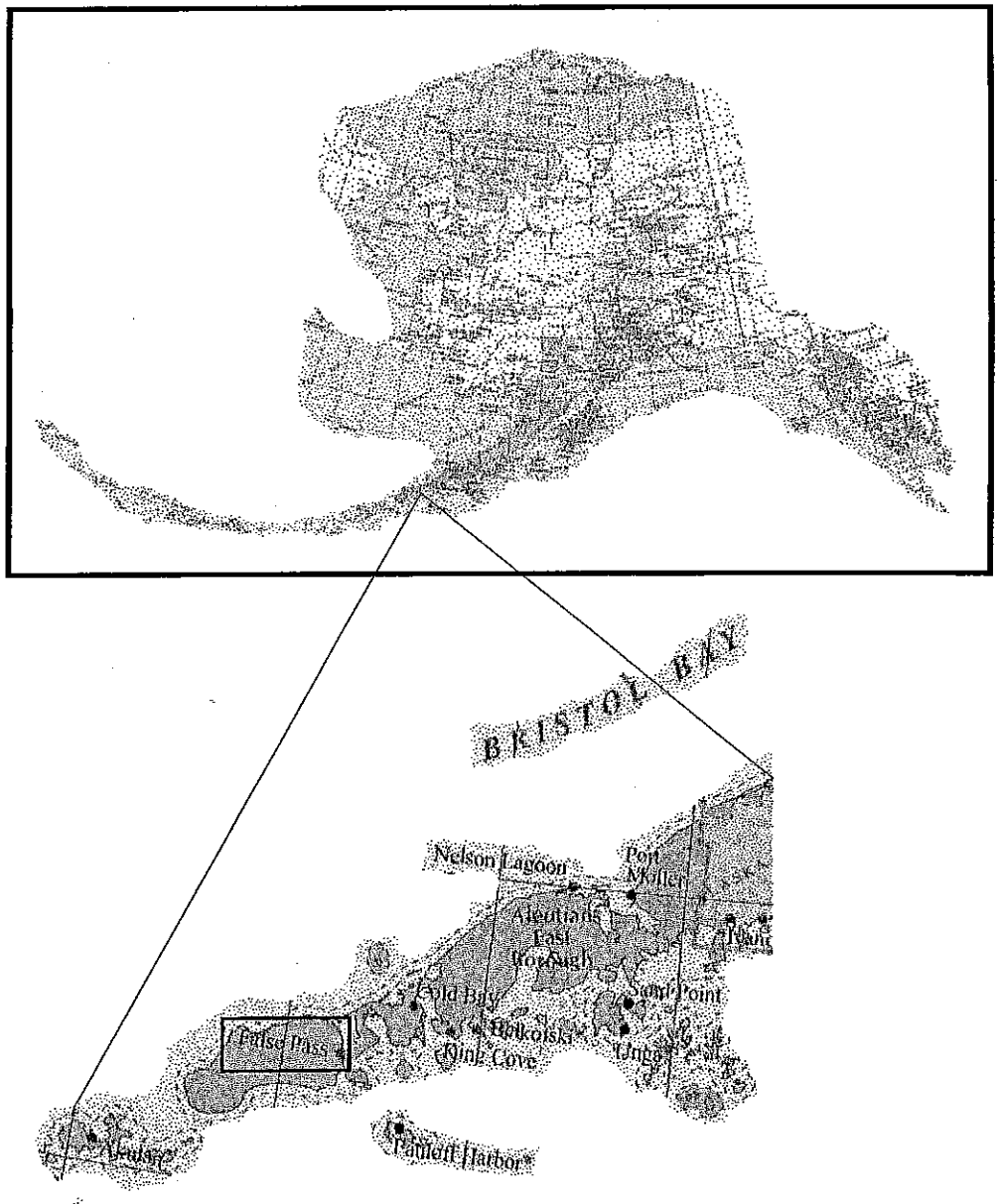
Following this section we have attached drawings we have been able to identify, find, or create as part of this report.

Map of Region

A1 Site Plan

A2 Existing Floor Plan

A3 Existing Wall Section



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LARSEN CONSULTING GROUP
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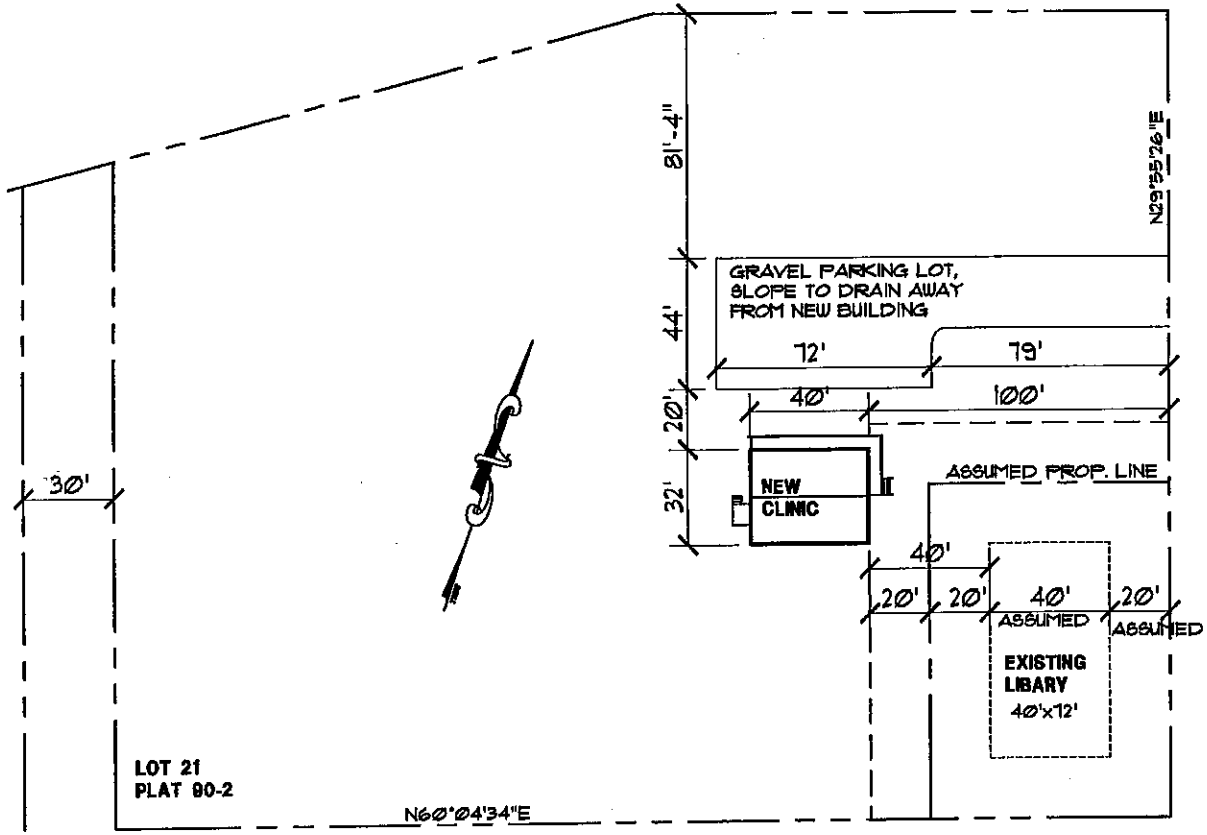
FACILITY ASSESSMENT AND INVENTORY SURVEYS FOR FALSE PASS

Alaska Native Tribal Health Consortium

DESIGNED BY:	
DATE:	
SCALE: NTS	
JOB NO: 223.07	



SITE PLAN

SCALE: 1/64" = 1'-0"

0' 5' 10' 20'

GRAPHIC SCALE

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FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR FALSE PASS

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

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DATE:	12/03/01
SCALE:	1/64"=1'
JOB NO:	223.07

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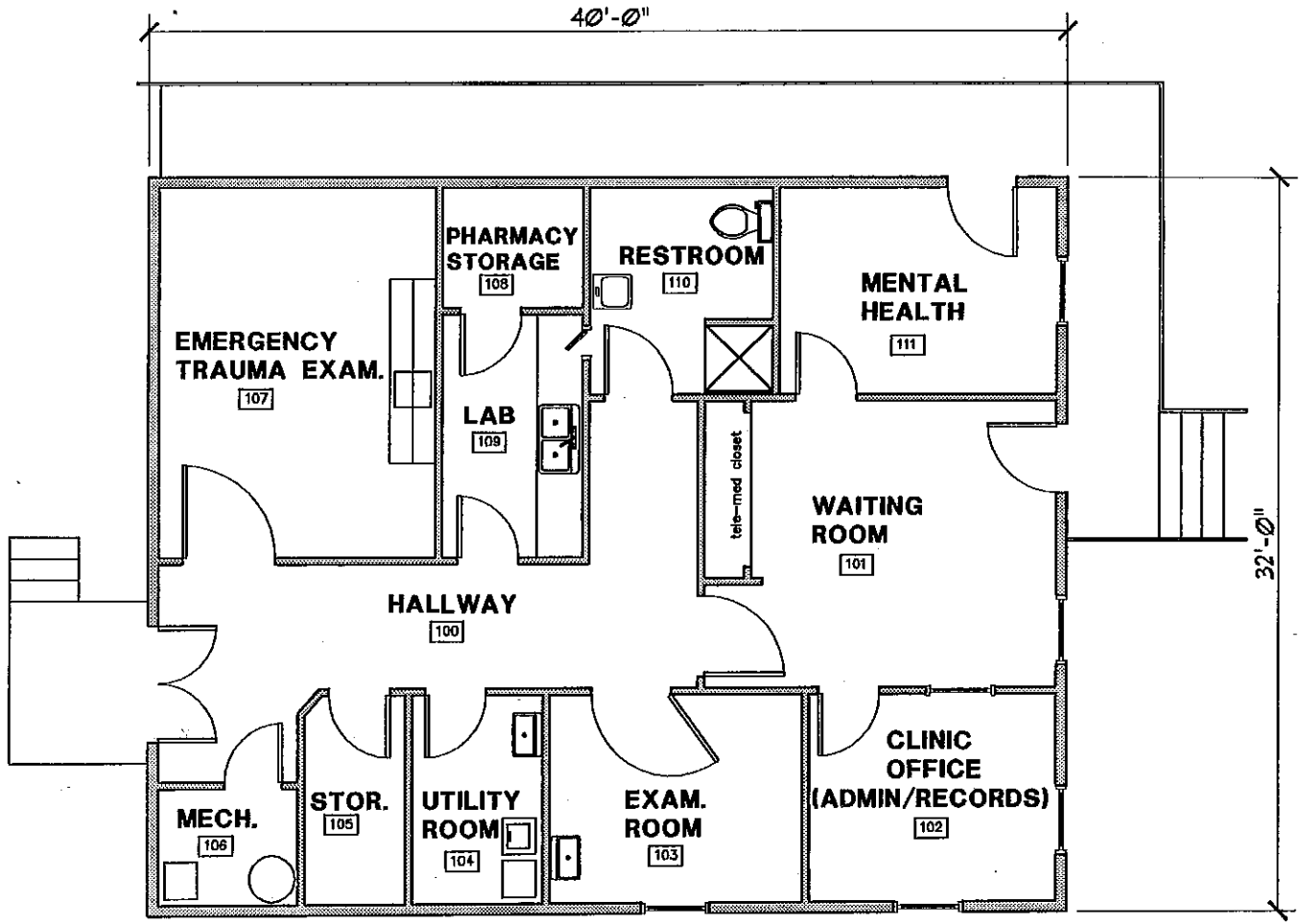

EXISTING FLOOR PLAN

SCALE: 1/8" = 1'-Ø"

SQUARE FOOTAGE: 1,280

Ø' 5' 10' 20'

GRAPHIC SCALE

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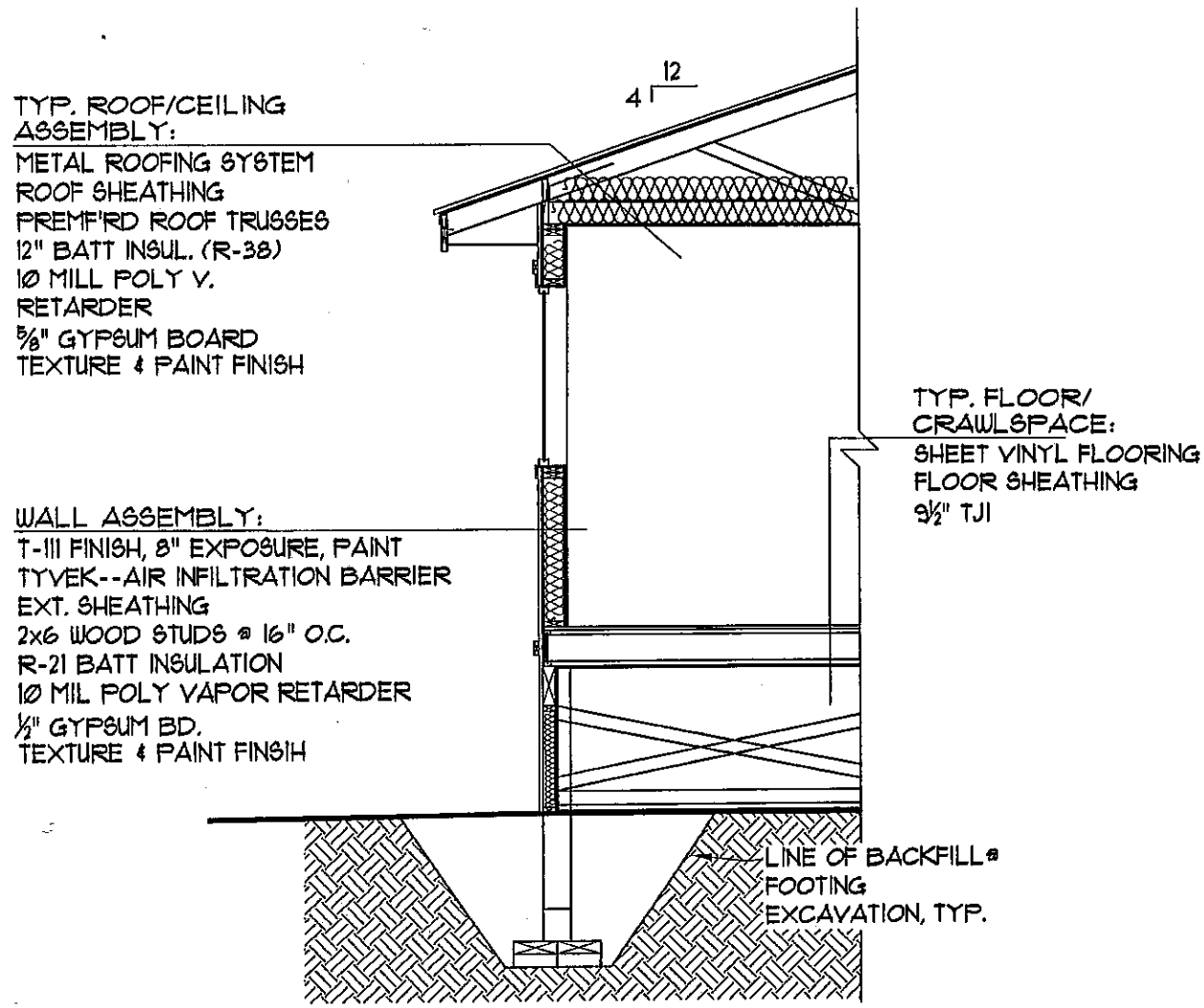
SHEET A 2 OF 3



EXISTING WALL SECTION

SCALE: 1/4" = 1'-0"

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM	LCG, Inc. LARSEN CONSULTING GROUP architecture · engineering · surveying	FACILITY ASSESSMENT AND INVENTORY SURVEYS FOR FALSE PASS ALASKA NATIVE TRIBAL HEALTH CONSORTIUM	DESIGNED BY: DATE: 12/03/01 SCALE: 1/4"=1' JOB NO: 223.07	SHEET A3 OF 3

IV. DEFICIENCY EVALUATION

A. Deficiency Codes

The deficiencies are categorized according to the following deficiency codes to allow the work to be prioritized for funding. The codes are as follows:

01 Patient Care: Based on assessment of the facilities ability to support the stated services that are required to be provided at the site. Items required for the patients social environment such as storage, privacy, sensitivity to age or developmental levels, clinical needs, public telephones and furnishings for patient privacy and comfort.

02 Fire and Life Safety: These deficiencies identify areas where the facility is not constructed or maintained in compliance with provisions of the state mandated life safety aspects of building codes including the Uniform Building Code, International Building Code, The Uniform Fire Code, NFPA 101, The Uniform Mechanical and Plumbing Codes and The National Electrical Code. Deficiencies could include inadequacies in fire barriers, smoke barriers, capacity and means of egress, door ratings, safe harbor, and fire protection equipment not covered in other deficiency codes.

03 General Safety: These deficiencies identify miscellaneous safety issues. These are items that are not necessarily code items but are conditions that are considered un-safe by common design and building practices. Corrective actions required from lack of established health care industry safety practices, and local governing body code safety requirements. I.e. Occupational Safety Health Administration (OSHA) codes & standards.

04 Environmental Quality: Deficiencies based on Federal, State and Local environmental laws and regulations and industry acceptable practices. For example this addresses DEC regulations, hazardous materials and general sanitation.

05 Program Deficiencies: These are deficiencies that show up as variations from space guidelines evaluated through industry practices and observation at the facility site and documented in the facility floor plans. These are items that are required for the delivery of medical services model currently accepted for rural Alaska. This may include space modification

requirements, workflow pattern improvements, functional needs, modification or re-alignment of existing space or other items to meet the delivery of quality medical services. (Account for new space additions in DC 06 below)

06 Unmet Supportable Space Needs: _____ These are items that are required to meet the program delivery of the clinic and may not be shown or delineated in the Alaska Primary Care Facility Space Guideline. Program modifications requiring additional supportable space directly related to an expanded program, personnel or equipment shall be identified in this section; for example additional dental space, specialty clinic, storage, or program support space that requires additional space beyond the established program.

07 Disability Access Deficiencies: _____ The items with this category listing are not in compliance with the Americans with Disabilities Act. This could include non-compliance with accessibility in parking, entrances, toilets, drinking fountains, elevators, telephones, fire alarm, egress and exit access ways, etc.

08 Energy Management: _____ These deficiencies address the efficiency of lighting, heating systems/fuel types and the thermal enclosures of buildings, processes, and are required for energy conservation and good energy management.

09 Plant Management: _____ This category is for items that are required for easy and cost efficient operational and facilities management and maintenance tasks of the physical plant.

10 Architectural M & R: _____ Items affecting the architectural integrity of the facility, materials used, insulation, vapor retarder, attic and crawlspace ventilation, general condition of interiors, and prevention of deterioration of structure and systems.

11 Structural Deficiencies: _____ These are deficiencies with the fabric of the building. It may include the foundations, the roof or wall structure, the materials used, the insulation and vapor retarders, the attic or crawl space ventilation and the general condition of interior finishes. Foundation systems are included in this category.

12 Mechanical Deficiencies: _____ These are deficiencies in the plumbing, heating, ventilating, air conditioning, or medical air systems, interior mechanical utilities, requiring maintenance due to normal wear and tear that would result in system failure.

13 Electrical Deficiencies: These are deficiencies with normal or emergency power, electrical generating and distribution systems, interior electrical and communications utilities, fire alarm systems, power systems and communications systems within a building that should be repaired or replaced on a recurring basis due to normal wear and tear that would otherwise result in system failure.

14 Utilities M & R: This category is used for site utilities for incoming services to facilities that are required for the building to be fully operational. Deficiencies may include sewer and water lines, water wells, water tanks, natural gas and propane storage, electric power and telecommunications distribution, etc.

15 Grounds M & R: Real property grounds components that should be replaced on a recurring basis due to normal wear and tear. Deficiencies with respect to trees, sod, soil erosion, lawn sprinklers, parking, bridges, pedestrian crossings, fences; sidewalks & roadways, and site illumination etc. are considerations.

16 Painting M & R: Any painting project that is large enough to require outside contractors or coordination with other programs.

17 Roof M & R: Deficiencies in roofing, and related systems including openings and drainage.

18 Seismic Mitigation: Deficiencies in seismic structural items or other related issues to seismic design, including material improperly anchored to withstand current seismic requirements effect. The elements under consideration should include the cost incidental to the structural work like architectural and finishes demolition and repairs.

B. PHOTOGRAPHS

We have attached photographs depicting the various deficiencies described in the narrative, itemized in the summary below. Photos do not cover all deficiencies and are intended to provide a visual reference to persons viewing the report not familiar with the facility.

We have included additional photos as Appendix B for general reference. These are intended to add additional information to the specific deficiencies listed and provide general background information.

C. Cost Estimate General Provisions

1) New Clinic Construction

a. Base Cost: The Base Cost provided in Section VI of this report is the direct cost of construction, inclusive of general requirements (described below) and contingency for design unknowns (an estimating contingency). The base cost is exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The Project Factors and Area Cost Factor are multipliers of the base costs.

- General Requirements are based on Anchorage costs without area adjustment. It is included in the Base Cost for New Clinics. These costs are indirect construction costs not specifically identifiable to individual line items. It consists of supervision, materials control, submittals and coordination, etc.
- The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned.

b. Project Cost Factors

- Equipment Costs for new medical equipment has been added at 17% of the cost of new floor space.
- Design Services is included at 10% to cover professional services including engineering and design.
- Construction Contingency is included at 10% of the Base Costs to cover changes encountered during construction.
- Construction Administration has been included at 8% of the Base Costs. This is for monitoring and administration of the construction contract.

c. Area Cost Factor: The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each city, following the site visit, and were modified, if necessary.

d. Estimated Total Project Cost of New Building: This is the total estimated cost of the project, including design services. The construction contract will be work subject to Davis Bacon wages, and assumes construction before year-end 2002. No inflation factor has been applied to this data.

2) Remodel, Renovations and Additions

a. Base Cost: The Base Cost provided in the specific deficiency sheets is the direct cost of construction, exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Most of the deficiency items do not constitute projects of sufficient size to obtain efficiency of scale. The estimate assumes that the projects are completed either individually, or combined with other similar projects of like scope. The numbers include moderate allowances for difficulties encountered in working in occupied spaces and are based on remodeling rather than on new construction costs. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The General Requirements, Design Contingency and Area Cost Factors are multipliers of the base costs.

- The cost of Additions to clinics is estimated at a unit cost higher than new clinics due to the complexities of tying into the existing structures.
- Medical equipment is calculated at a flat rate of $32/SF for additions of new space only and is included as a line item in the estimate of base costs.

b. General Requirements Factor: General Requirements Factor is based on Anchorage costs without area adjustment. The factor is 1.20. It is multiplied by the Base Cost to get the project cost, exclusive of planning, architecture, engineering and administrative costs. This factor assumes projects include multiple deficiencies, which are then consolidated into single projects for economies of scale.

c. Area Cost Factor: The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each city, following the site visit, and were modified, if necessary.

d. Contingency for Design Unknowns (Estimating Contingency): The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned. The factor used is 1.15.

e. Estimated Total Cost: This is the total estimated bid cost for work completed under Davis Bacon wage contracts, assuming construction before year-end 2002. This is the number that is entered in the front of the deficiency form. No inflation factor has been applied to this data.

f. Project Cost Factors: Similar to new clinics, the following project factors have been included in Section VI of this report.

- Design Services are included at 10% to cover professional services including engineering and design.
- Construction Contingency is included at 10% of the Adjusted Costs to cover changes encountered during construction.

- Construction Administration has been included at 8% of the Adjusted Costs. This is for monitoring and administration of the construction contract.

g. Estimated Total Project Cost of Remodel/Addition: This is the total estimated cost of the project including design services, the construction contract cost for work completed under Davis Bacon wages and assuming construction before year-end 2002. No inflation factor has been applied to this data.

V. SUMMARY OF EXISTING CLINIC DEFICIENCIES

The attached sheets document deficiencies and provide recommendations for repairs or accommodation of current needs, and provide a cost estimate for accomplishing the proposed modifications. The summary addresses individual deficiencies. If all deficiencies were to be addressed in a single construction project, there would be cost efficiencies not reflected in this tabulation.

These sheets are reports from the Access Data Base of individual Deficiencies that are compiled on individual forms and attached for reference.

Refer to Section VI. New Clinic Analysis for a comparison of remodel/addition to new construction.

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Eastern Aleutian Tribes

(Summary Listing of Deficiencies by Code)

Clinic: **01** **False Pass**

Deficiency Code		Reference	Work Description	Cost
01	Patient Care	Afa20	Renovate 653 SF of existing clinic space.	$88,032.00
02	Fire/Life Safety	Afa07	Provide/install handrails at entry.	$1,673.00
02	Fire/Life Safety	Afa08	Install new guardrail and handrail.	$2,253.00
02	Fire/Life Safety	Afa09	Install handrails.	$15,060.00
02	Fire/Life Safety	Afa11	Remove storage from crawl space.	$1,773.00
02	Fire/Life Safety	Afa13	Replace PVC gutter with heavy duty commercial type.	$3,239.00
02	Fire/Life Safety	Afa14	Hang fire extinguisher.	$178.00
02	Fire/Life Safety	Efa02	Add GFCI outlet.	$541.00
02	Fire/Life Safety	Mfa01	Secure medical gas bottles to the wall with chains.	$478.00
02	Fire/Life Safety	Mfa02	Add seismic straps hot water generator.	$351.00
02	Fire/Life Safety	Mfa05	Add combustion air.	$2,096.00
04	Environmental Qualit	Afa06	Don't use burn barrel for red bag waste.	$265.00
04	Environmental Qualit	Afa10	Provide rubber base at cabinet.	$52.00
04	Environmental Qualit	Afa18	Provide new cabinet base and casework in trauma room.	$236.00
04	Environmental Qualit	Mfa06	Add outside air ventilation.	$16,255.00
04	Environmental Qualit	Mfa07	Duct exhaust to exterior.	$937.00
05	Program	Afa04	Replace storage and cabinet around trauma gurney.	$414.00
05	Program	Afa05	Move equipment from closets.	$1,001.00

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Eastern Aleutian Tribes

(Summary Listing of Deficiencies by Code)

06	Supportable Space N	Afa15	Add 255 SF to meet minimum APCF program requirements.	$151,241.00
06	Supportable Space N	Afa19	Provide patient holding/sleep room.	$0.00
07	Disablilty Access	Afa01	Provide and install mirror and padding around plumbing.	$541.00
07	Disablilty Access	Afa02	Install grab bars.	$1,716.00
07	Disablilty Access	Afa03	Replace door "knob" hardware with lever hardware.	$572.00
07	Disablilty Access	Mfa03	Add grab bars to ADA toilet	$322.00
07	Disablilty Access	Mfa04	Insulate the waste and hot water piping under the lavatory.	$152.00
08	Energy Conservation	Efa01	Correct porch light wiring.	$472.00
10	Architectural M & R	Afa12	Provide ventilation and sump pump for crawl space.	$5,639.00
10	Architectural M & R	Afa16	Provide continuous ridge vent.	$2,439.00
10	Architectural M & R	Afa17	Provide gable end vents.	$1,021.00

Code / Conditions Subtotal:	**$59,676.00**
Remodel Subtotal:	**$88,032.00**
Addition Subtotal:	**$151,241.00**
Clinic Total:	**$298,949.00**

VI. NEW CLINIC ANALYSIS

The analysis of whether a new clinic is required is based on the Denali Commission standard of evaluation that "New Construction is viable if the cost of Repair/Renovation and Addition exceeds 75% of the cost of New Construction".

We have determined the cost of a New Clinic Construction to meet the Alaska Rural Primary Care Facility (ARPCF) Space Guidelines for this size of village. We have also determined the cost of Repair/Renovation & Addition to the existing clinic to meet the same ARPCF Space Guidelines.

A. Projected Cost of a New 1500 SF Clinic

The cost of a New Denali Commission 1500 SF Small Clinic in False Pass is projected to be:

- Base Anchorage Construction Cost per sf. $183
- Project Cost Factor: @ 45% $ 82
  - Medical Equipment 17%
  - Construction Contingency 10%
  - Design Fees 10%
  - Construction Administration 8%
- Multiplier for Village @ 1.67 $178

Adjusted Cost per SF $443

Projected Cost of a New Clinic: 1500 sf. X $443 = $664,500

B. Projected Cost of the Repair/Renovation & Additions for Existing Clinic

- Code & Condition Repairs/Renovations $59,676
  (Cost from Deficiency Summary)
- Remodel/Upgrade Work (Def. Code 01 / Def. Afa20) $88,032
  51% of clinic 1280 SF = 653 @ $123/SF
- Additional Space Required by ARPCF – 255 SF (Def Code 06 / Def. Afa15)
  - Base Anchorage Cost $231
    - Medical Equipment 32
  - Additional Costs 92
    - General Requirements 20%
    - Estimation Contingency 15%
  - Multiplier for City at 1.67AAF $238

  Adjusted Cost per SF $593

  Total Addition Cost of 255 SF at $593 = ... $151,241
  Project Cost Factor @ 28% = ... $83,706
  - Construction Contingency 10%
  - Construction Administration 8%
  - Design Fees 10%

Total Cost of Remodel/Addition $382,655

C. Comparison of Existing Clinic Renovation/Addition versus New Clinic

Ratio of Renovation/Addition versus New Clinic is: $382,655 / $664,500 = .58 x cost of New Clinic

Based on Denali Commission standard of evaluation; the remodel/addition costs are less than 75% of the cost of new construction. A renovation/addition to the existing clinic is recommended for this community.

- Note: Village factors may have been adjusted for recent 2001 cost adjustments and may have changed from previously published data distributed to the villages.

D. Overall Project Cost Analysis

The overall project cost analysis below incorporates land, multi-use, utility costs, and road access costs, and project management fees if any are associated with the project.

Item	Quantity	Units	Unit Cost	Area Adjustment Factor	Total Cost	Allowable under "Small" Clinic Process (yes/no)
Primary Care Clinic (Allowable)	1500	SF	$265.64	1.67	$665,428	yes
Clinic (Non-allowable portion)	0	SF	$265.64	1.67	$0	no
Land	15,000	SF	$2.00	1	$30,000	yes
Multi-Use Facility Design Cost	0	LS	$0.00	1	$0	yes
Multi-Use Facility Construction Cost	0	LS	$0.00	1	$0	no
Utility Extension/Improvements	1	LS	$15,000	1	$15,000	yes
Road access & parking lot improvements	1	LS	$5,000	1	$5,000	yes
Subtotal Project Cost					$715,428	
Project Management Fees					Unknown	
Total Project Cost					**Unknown**	

VII.CONCLUSIONS AND RECOMMENDATIONS

The existing False Pass Clinic is of new construction and serves the community well. As noted in this report, a few deficiencies have been noted, most of minor cost implications. Plans to add public safety offices to the existing clinic building create an opportunity to address the minimal program deficiencies that would elevate this clinic to excellent condition.